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Sep 15 04 03:56p

Daniel J. Cook

314-644-4262

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PTOSB/91 (06-04)  
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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/856653
	Filing Date	08/03/2003
	First Named Inventor	COOK
	Title	LARYNGEAL MASK
	Art Unit	3761
	Examiner Name	
	Attorney Docket Number	COOK 8713 C4

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Name	Registration Number
AHAJI AMOS	46831

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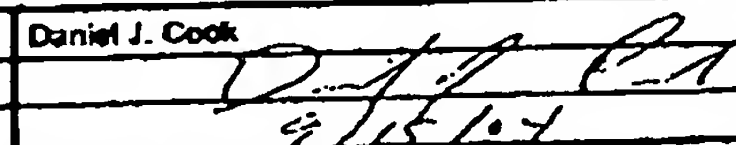
<input checked="" type="checkbox"/>	Firm or Individual Name	AHAJI AMOS		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	Daniel J. Cook		
Signature			
Date	9/15/04		
Telephone	314-644-4169		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Daniel J. Cook

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Sep 15 04 03:56p

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PTO/SB/82 (09-03)  
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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/656653
	Filing Date	09/03/2003
	First Named Inventor	COOK
	Art Unit	3761
	Examiner Name	
	Attorney Docket Number	COOK 8713 C4

I hereby revoke all previous powers of attorney given in the above-identified application.

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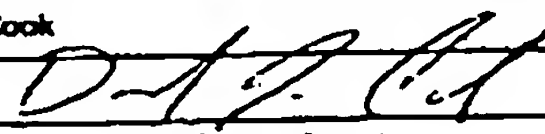
<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI AMOS				
Address	3810 RITA ELLIOTT COURT				
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City	MISSOURI CITY	State	TX	Zip	77459
Country	U.S.A.				
Telephone	314-494-9571	Fax	281-776-5798		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

**SIGNATURE of Applicant or Assignee of Record**

Name	Daniel J. Cook		
Signature			
Date	9/15/04	Telephone	314-644-4169

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